

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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State Office Building, McAllister and Larkin Streets Underhill 8700

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State Office Building, 10th and L Streets Capital 2800

LOS ANGELES

State Office Building, 217 West First Street MADison 1271

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GUY P. JONES
EDITOR

Historical Notes on Public Health in California

Public health in California began with the arrival in San Francisco of Dr. Thomas M. Logan in January of 1850. He had sailed around the Horn from New Orleans in a small schooner which consumed four months in rounding the cape. A native of Charleston, South Carolina, and a graduate of the medical college of that State, he practiced in his native city and later, at the time of the discovery of gold, was practicing in New Orleans. He settled in Sacramento in August of 1850, beginning the practice of medicine immediately and laying the foundations of public health work in this state. He lived in Sacramento until his death February 13, 1876.

His interest in the climatic, social and medical conditions in this new state was most intense. The status of endemic diseases and the differentiation between communicable diseases in California and in the eastern and southern states became objects of his close study. There was no organization of the medical profession in those pioneer days and Dr. Logan experienced great difficulty in obtaining desired information from his colleagues. He knew that fellow practitioners were obtaining, for their own use, valuable information relative to the cause and treatment of many diseases. He made the acquaintance of a small number of medical men who were willing to provide him with such epidemiological data as they might gather and who were willing to reply to his questionnaires relative to the possible relationship between weather and disease.

Such men were few, however, and there was, in general, a lack of cooperation between the medical men of the early fifties. It was not until the arrival of Dr. E. S. Cooper in 1855 that definite progress was made in organizing the medical profession of California. He and Dr. Logan possessed the scientific spirit and their acquaintance and friendship led to the organization of the California State Medical Society in March of 1856. Together they issued the call for the first meeting, which was held in Sacramento, with about 100 present. Open activities of the society ceased in 1860 and for ten years there was really no society in existence, although a paper organization was carried on for four or five years.

In 1863, Dr. Logan was appointed by the American Medical Association, at its annual meeting, as chairman of a special committee on the medical topography of the Pacific Coast. This provided him with authorization for carrying on his public health activities. He sent questionnaires concerning communicable diseases to many medical men throughout the state, continued his weather observations, wrote extensively for the medical journals and spent a large part of his time in the study of communicable diseases in California. In 1868 and 1869, Dr. Logan's activities along public health lines increased greatly. During those years he wrote extensively upon smallpox, "fevers," and subjects that had direct bearing upon the health of the general public. His prestige among members of the

profession was growing and his steadfast hold to the truth in medicine made him an outstanding figure.

Meanwhile, the idea of an organized State Board of Health had been launched on the Atlantic seaboard; Massachusetts was the first to establish the idea in concrete form by means of legislative enactment for the organization of a State Board of Health in the fall of 1869. Dr. Logan, in constant touch with medical affairs in eastern states, became enthusiastic over the action taken in Massachusetts. He saw an opportunity for bringing about the realization of his dreams of twenty years. Almost singlehanded, he put through the legislation which brought into being the California State Board of Health and in April of 1870 that board began its functions which have been carried on continuously ever since. Dr. Logan became the first secretary of the board, which office he occupied until his death in 1876. Meanwhile, in 1870, Dr. Logan issued a call for the reorganization of the State Medical Society which took place at a meeting held October 19, 1870. Organized public health became established in California coincidentally with the reorganization of the medical profession, each of which was destined to operate continually thereafter. Dr. Logan occupied the focal point in both organizations. He worked prodigiously in the advancement of the profession and at the same time held the chair of hygiene in the University of California. In 1873, he was elected president of the American Medical Association. His death was due to pneumonia, which followed a period of overwork in efforts to strengthen the public health laws of that time.

Dr. Logan was followed in office by physicians of ability. In the eighties, under Dr. F. W. Hatch and Dr. G. G. Tyrell, considerable was accomplished in organizing local health departments throughout the state and in stimulating the reporting of communicable diseases. Monthly reports were received and cases were tabulated. Circulars on communicable disease control were issued. During the nineties the activities of the board were not so conspicuous; more time was spent upon regulating the sanitation of state institutions and in exercising powers of quarantine. Smallpox was a matter of concern and received more attention than any other communicable disease. As a matter of fact, in this decade the board was less active in public affairs.

It was not until 1901, when Dr. N. K. Foster of Oakland was appointed secretary of the California State Board of Health, that the organization took definite form along standard lines. With no existing machinery, not even a desk at which to work, without even stationery or a chair to sit in, and with no records of the board which preceded him, he set to work at

building a state public health organization that has functioned continuously and expandingly ever since. He brought the most important modern, scientific public health procedures into the state organization. The following bureaus were established under Dr. Foster's regime:

Hygienic Laboratory	1905
Bureau of Vital Statistics	1905
Bureau of Foods and Drugs	1907

In 1909, Dr. Foster resigned but recognition and appreciation of relative values in public health administration continued. With almost no funds available in 1911 and 1913, the groundwork for tuberculosis control was laid and the collection of morbidity reports was started. Activities were maintained that led to the organization of bureaus to carry on specific activities. During the years that followed, bureaus were established as follows:

Bureau of Tuberculosis	1915
Bureau of Sanitary Engineering	1915
Bureau of Venereal Diseases	1917
Bureau of Child Hygiene	1919
Division of Dental Hygiene	1920

The Bureau of Venereal Diseases terminated its activities in 1920 when funds for its continuance were no longer available. It was reestablished in 1937. The Division of Dental Hygiene discontinued its activities in 1921 for the same reason.

During the period 1905 to 1927 activities in epidemiology and the control of communicable diseases were undertaken as an administrative function and partly as a laboratory function. Sanitary inspection was started in 1913, this work also being carried on as an administrative function. None of these activities took individual form until the state government was reorganized in 1927.

The State Constitution, Article XX, Section 14, states that the Legislature shall, by law, provide for the maintenance and efficiency of a State Board of Health.

Men influence the conduct of others chiefly through personal association and intercourse. There is such a preponderance of good in human nature that association with men ordinarily begets a liking for them. As men come to know each other, each comes to receive from the others the respect and confidence to which he is entitled; his character and his opinions insensibly acquire their due weight and influence. It is not the stranger who says, "Go there," or "Do that," who is obeyed, but it is the old acquaintance who says, "Come with me," or "Let us do thus and so," who is followed.—Elihu Root.

THE CALIFORNIA TUBERCULOSIS RECORD

The tuberculosis death rate has fallen from 127.7 per 100,000 population in 1925 to 80 in 1935. This is a reduction of more than 37 per cent. In 1906 the death rate for this disease was 235.7 per 100,000 population. The drop from this high rate indicates the progress that has been made in tuberculosis control in California.

The State Board of Public Health has been active in raising the standards of care in county hospitals by means of the state subsidy to approved institutions, such funds being appropriated from the state treasury and allocated to the counties for expenditure.

IMPORTED TUBERCULOSIS

The problems related to the migration of tuberculosis cases in advanced stages to California, particularly to southern California, are very acute. This applies not only to migration from other states, but also to migration from Mexico. About 20 per cent of all tuberculosis deaths in California are among Mexicans. Some of the counties of southern California are required to spend many thousands of dollars in the care and treatment of these foreign-born residents. If more satisfactory accomplishments in shutting off the tide of this immigration were made available, considerable might be accomplished in reducing the tuberculosis mortality rate of this state. It is doubtful that any other state in the Union makes such excellent efforts in the care and treatment of its indigent patients. This alone is an enormous factor in reducing the mortality rate. The State Board of Public Health is a leading factor in the provision of high standards of care and treatment for the state's tuberculosis.

CALIFORNIA

Number of Deaths from Tuberculosis With Rates per 100,000 Population, 1906-1935

Year	Number of tuberculosis deaths	Rates per 100,000 population
1906	4,437	221.8
1907	4,607	225.5
1908	4,565	209.0
1909	4,673	203.9
1910	4,872	203.0
1911	5,114	203.9
1912	5,128	196.0
1913	5,402	198.3
1914	5,320	187.8
1915	5,551	188.9
1916	5,267	172.8
1917	5,457	172.9
1918	5,888	180.4
1919	5,678	168.3
1920	5,397	152.6
1921	5,427	144.5
1922	5,847	147.1
1923	5,724	136.5
1924	6,023	136.5
1925	5,896	127.3
1926	5,794	119.4
1927	5,960	117.6

Year	Number of tuberculosis deaths	Rates per 100,000 population
1928	6,074	114.8
1929	5,855	106.3
1930	5,629	98.2
1931	5,292	88.9
1932	5,020	81.3
1933	4,619	81.9
1934	4,611	81.7
1935	4,516	80.0

CERTIFICATION AND LICENSURE

Year by year the Legislature imposes additional powers of inspection, standardization and licensure upon the State Board of Public Health. The issuance of licenses is based upon the maintenance of standards established by the board. A wide range of subject matter is covered. Since the enforcement of these standards has a far-reaching effect upon the public health and welfare of each local community, a list of these mandatory functions is appended:

License, Certificate of Permit	Number issued to Jan. 1, 1937
Cannery (year 1936)	186
Cold storage (year 1936)	19
Maternity home or hospital	864
Water supply	226
Sewage disposal	402
Shellfish	41
Clinics	680
Aviary	167
Tuberculosis sanatoria (public and private) rest homes	---
Laboratory	83

Certificates to Individuals

Registered nurse	30,002
Public health nurse	1,676
Laboratory technician	904

INDUSTRIAL HYGIENE

Industrial Hygiene, which means protection and improvement of the general health of industrial workers, has long been recognized as an important problem in public health work. Figures from the U. S. census for 1930 show that approximately 15 million persons are gainfully employed in manufacturing and mechanical industries and in the extraction of minerals. These people face specific occupational accident and disease hazards.

Occupational accident hazards are already being eliminated with a large degree of success through the cooperative efforts of private industry, the various state labor departments and the U. S. Department of Labor. There is reason to believe that occupational disease hazards may similarly be eliminated.

Some of these hazards are: silica dusts, asbestos dusts, lead, mercury, arsenic, chromium, radium, selenium, phosphorous, carbon monoxide gas, hydrogen sulphide gas, carbon tetrachloride, methanol, benzol, caustic liquids, halogenated naphthas, intense heat, dampness and defective lighting.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
August 14, 1937

Chickenpox

54 cases: Alameda 1, Berkeley 8, Oakland 2, Los Angeles County 9, Inglewood 1, Long Beach 1, Los Angeles 12, Pasadena 5, Bell 1, San Anselmo 2, Yosemite National Park 1, Sacramento 2, San Bernardino County 1, San Diego 2, San Francisco 4, Arroyo Grande 1, Tulare County 1.

Diphtheria

18 cases: Oakland 1, Pittsburg 1, Kern County 1, Inglewood 1, Los Angeles 4, South Gate 1, Signal Hill 1, Brea 1, Sacramento County 1, Sacramento 1, San Diego 2, Santa Barbara County 1, Santa Clara County 1, Sutter County 1.

German Measles

8 cases: Fresno County 1, Whittier 1, Orange County 1, Santa Ana 2, San Francisco 2, Tulare County 1.

Influenza

5 cases: Los Angeles County 1, Los Angeles 2, Monterey County 1, Sacramento 1.

Malaria

5 cases: Glenn County 1, Los Angeles 1, Yuba City 1, Yuba County 2.

Measles

20 cases: Oakland 1, Calaveras County 1, Contra Costa County 1, Alhambra 1, Long Beach 1, Los Angeles 2, Gustine 1, Riverside County 4, Sacramento County 1, San Bernardino County 1, San Francisco 1, San Joaquin County 4, San Jose 1.

Mumps

90 cases: Alameda County 1, Alameda 1, Berkeley 12, Oakland 6, Fresno 1, Taft 1, Alhambra 6, Burbank 1, Compton 1, Glendora 1, Long Beach 1, Los Angeles 3, Pasadena 4, Santa Monica 3, Marin County 1, San Anselmo 1, Merced 1, Monterey County 1, Calistoga 1, Orange County 1, Anaheim 2, Placentia 3, Riverside County 2, Ontario 1, Redlands 1, San Bernardino 1, Chula Vista 1, El Cajon 1, National City 2, San Diego 12, San Francisco 8, San Luis Obispo County 2, San Mateo County 1, Daly City 1, San Mateo 1, Palo Alto 1, San Jose 1, Ventura 1.

Pneumonia (Lobar)

33 cases: Oakland 3, Los Angeles County 2, Alhambra 1, Los Angeles 17, Orange County 1, Riverside County 1, Sacramento 2, San Diego 1, San Francisco 2, Stockton 1, Santa Barbara County 1, Tulare County 1.

Scarlet Fever

54 cases: Alameda 1, Oakland 1, Martinez 1, Fresno County 1, Humboldt County 1, Kern County 3, Bakersfield 2, Lemoore 1, Los Angeles County 9, Compton 1, Long Beach 1, Los Angeles 11, Pasadena 1, Santa Monica 3, Marin County 1, Monterey County 1, Fullerton 1, Riverside County 1, Sacramento 2, San Bernardino County 1, San Francisco 4, San Jose 1, Shasta County 1, Stanislaus County 1, Tulare County 1, Ventura County 1, Ventura 1.

Smallpox

5 cases: Albany 1, Los Angeles 2, San Diego 2.

Typhoid Fever

15 cases: Los Angeles County 1, Los Angeles 4, Riverside County 1, Sacramento County 1, Santa Clara County 1, San Jose 1, Tulare County 3, Santa Paula 1, California 2.*

Whooping Cough

305 cases: Alameda County 1, Alameda 1, Berkeley 2, Oakland 3, Calaveras County 2, Antioch 1, Del Norte County 1, Fresno County 2, Fresno 2, Inyo County 1, Kern County 1, Los Angeles County 34, Alhambra 1, Compton 2, El Monte 2, Glendale 2, Huntington Park 2, Long Beach 1, Los Angeles 86, Pasadena 4, Redondo 3, San Fernando 1, Santa Monica 2, Whittier 1, Monterey 5, Napa 3, Orange County 2, Brea 1, Fullerton 1, Orange 4, Riverside County 3, Corona 1, Riverside 5, Sacramento 3, San Bernardino County 1, Chino 1, Redlands 1, San Bernardino 1, San Diego County 3, Coronado 1, San Diego 12, San Francisco 39, San Joaquin County 16, Stockton 11, San Mateo County 3, San Mateo 1, Santa Barbara County 2, Santa Barbara 1, Santa Clara County 5, Loyalton 4, Stanislaus County 2, Tulare County 3, Ventura County 12.

Meningitis (Epidemic)

3 cases: Monterey County 1, Tulare County 2.

Dysentery (Amoebic)

One case: Brea.

*Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Dysentery (Bacillary)

12 cases: Berkeley 1, Contra Costa County 1, Los Angeles County 1, Los Angeles 8, Montebello 1.

Pellagra

One case: Oakland.

Poliomyelitis

38 cases: Oakland 1, Colusa County 1, Fresno 1, Humboldt County 1, Brawley 1, Kern County 6, Bakersfield 2, Los Angeles County 2, Inglewood 1, Los Angeles 11, San Gabriel 1, Merced County 1, Placer County 1, Chino 1, San Diego 1, San Luis Obispo County 1, San Mateo County 1, Santa Clara County 1, Vallejo 1, Sutter County 1, Tulare County 1.

Trachoma

5 cases: Los Angeles 1, San Francisco 4.

Encephalitis (Epidemic)

4 cases: Fresno County.

Paratyphoid Fever

3 cases: Whittier 1, Sacramento County 1, San Bernardino County 1.

Trichinosis

One case: Woodland.

Jaundice (Epidemic)

2 cases: El Dorado County 1, Placerville 1.

Food Poisoning

16 cases: Los Angeles 11, Mendocino County 3, Santa Cruz County 2.

Undulant Fever

4 cases: Fresno County 1, Humboldt County 1, Ontario 2.

Tularemia

One case: Inyo County.

Relapsing Fever

One case: El Dorado County.

Rabies (Animal)

46 cases: Berkeley 3, El Cerrito 1, Fresno 1, Kern County 1, Los Angeles County 11, Alhambra 1, Azusa 1, Inglewood 1, Los Angeles 14, Manhattan 1, Pasadena 2, Redondo 1, Santa Monica 2, Hawthorne 1, West Covina 1, South Gate 2, Salinas 1, Santa Cruz County 1.

Everyone should order his daily life so as to have some leisure, for it is during such parts of the day that many important decisions are made. Then a man has time to think quietly and to do some of the things, like reading, that make for his mental growth. If work tends to get him into a rut, leisure lifts him out again. If work is not carrying him to a proper goal, it is often during leisure that he discovers the fact and directs his course anew.

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